

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB -3 AM 9:29

DOCUMENT # **P94000009162**

1. Corporation Name

**McGuire Hedging & Topping**

2. Principal Office Address

**893 Woodlands Dr.**

Suite, Apt. #, etc.

City & State

**Port St. Lucie, Fl.**

Zip  
**34952**

Country  
**USA**

3. Mailing Office Address

**893 Woodlands Dr.**

Suite, Apt. #, etc.

City & State

**Port St. Lucie, Fl. 34952**

Zip  
**34952**

Country  
**USA**

**REINSTATEMENT 03-06**  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**1/27/1994**

5. FEI Number  
**650469155**

Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**Peter M. McGuire**

Street Address (P.O. Box Number is Not Acceptable)  
**893 Woodlands Dr.**

Suite, Apt. #, Etc.

City  
**Port St. Lucie, Fl.**

State  
**FL**

Zip Code  
**34952**

000065563770  
02/10/06 01012-006 \*\*\$500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PS	Peter M. McGuire	893 Woodlands Dr.	Port St. Lucie, Fl. 34952

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/06**

Date

**(772)3706641**

Daytime Phone #

2 of 2

## MCGUIRE HEDGING & TOPPING INC.

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893 Woodlands Dr.  
Port St. Lucie, FL 34952  
772 468-8640  
772 370 6641

January 30, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Madam or Sir,

This letter is to inform you of non-receipt of the annual report notices for 2003 and subsequent years. Please find enclosed the reinstatement application and check for \$600.00.

Sincerely,